✪ _____ _____ _____ _____

LODESTAR INTAKE FORM: Pregnant and Parenting Teens
Items marked with a circled star (✪) are optional.
Funding Source: AFLP   Cal-Learn   Other__ (1-6)

Client ID No. ___ ___ ___ ___ ___ ___ ___ ___ ___   **Case Manager** _____

Client Name _____ ___ _____
First   M.I.   Last

Client's Birth (maiden) Last Name _____   County of Birth ___ ___
(If different than above)   *(if born in California)*

Gender ___   Date of Birth ____/____/____   Client's Mother's First Name _____
  1-Female   MM / DD / YY
  2-Male

If recording change of Index Child:

Date Lost Custody of Previous Index Child____/____/____ -OR- **Date of Death of Previous Index Child**____/____/____
                                        MM / DD / YY   MM / DD / YY

✪**Referral Source** ___ ___ ___   ✪_____
                    Code   *Name of referring individual, program or organization*

Intake Date   ___/___/___
                            MM / DD / YY

**Cal-Learn Case Management
Participation**   ____
  1-Usually available to meet w/ CM
  2-Sporadic participation
  3-None, unable to locate/contact
  4-Client refuses case management -
    does not turn in report cards
  5-Client declines case management,
    but turns in report cards
  8-Not applicable (not Cal-Learn)

  **If you answer 3-5 above, you need
  not complete the rest of this form**

Age Of Mother Of   ___ ___
Index Child

Age Of Father Of   ___ ___
Index Child
  99-Unknown

Entry Status   ___
  1-Pregnant or expecting and not
    parenting other children
  2-Pregnant or expecting and
    parenting 1 or more children
  3-Parenting and not pregnant or
    expecting

Trimester Of Pregnancy   ___
At Intake
  1-First (1-13 wks)
  2-Second (14-26 wks)
  3-Third (27+ wks)
  4-Not Pregnant (Already Parenting)
  9-Unknown

Total Number Of Children   ___
**The Teen Has Given Birth To (or
Fathered, if the client is male)**
(Enter exact number 0-7, 8 if 8 or more,
or 9 if unknown.)

Total Number Of Children In ___
Client's Custodial Care
(Enter exact number 0-7, 8 if 8 or more,
or 9 if unknown.)

Index Child
Name (if known)

First_____ M.I. ___

Last_____

Birth Date/EDC   ___/___/___
                          MM / DD / YY
Child Gender   ___
  1-Female
  2-Male

✪**Index Child's Social Security No.**

___ ___ ___-___ ___-___ ___ ___ ___

Birthweight   ____lbs. ____oz.
Enter:88 in the lbs. field-If Not Yet Born
    99 in the lbs. field-If Unknown

**If the client has parented other
children please attach
Additional Child Matrix Form.**

Marital Status   ___
  1-Single, never married
  2-Married
  3-Other
  9-Unknown

Work/Employment Status   ___
  1-Does not work
  2-Seeking employment
  3-Working
  4-In job training
  9-Unknown

English Proficiency   ___
  1-Fully English proficient
  2-Limited English speaking
  3-Non-English speaking
  9-Unknown

Client ID No. ___ ___ ___ ___ ___ ___ ___ ___ ___

Hispanic ___
 1-Yes
 2-No
 3-Undeclared

Provide the client with ___ ___ ___
the race/ethnicity coding
sheet asking: "Which of the following
categories on the list you have before
you best describes your race or
ethnicity?" Case Manager should then
enter the 3-digit code above.

Last Grade COMPLETED ___ ___
 00-No formal education
 01-1st, 02-2nd, 03-3rd, 04-4th, 05-5th,
   06-6th, 07-7th, 08-8th, 09-9th,
   10-10th, 11-11th grade,
   12-diploma
 13-Completed GED pretest
 14-Completed GED
 15-Completed CHSPE
 16-Some post secondary education
 17-Other
 99-Unknown

K-12 School Status ___ ___
 01-**In School**
   (Includes: Enrolled - attending or not,
   School Break, Excused Absence,
   Suspended)
 Not In School Because:
   02-Transportation Barrier
   03-Child Care Barrier
   04-Educational Barrier
   05-Psycho-Social Barrier
   06-Medical Barrier
   07-Expelled
   08-Refuses to Attend
   09-Other Reason
   10-GED/CHSPE Completed
   11-High School Diploma
 99-**Unknown**

Type Of School ___ ___
 01-Elementary school (1-6)
 02-Middle/Intermediate/Jr HS (6-9)
 03-Regular/Traditional Sr. HS (9-12)
 04-Continuation/Alternative school
 05-Court/community school
 06-Adult Education
 07-Private school (K-12)
 08-Vocational/Tech Prep. HS (9-12)
 09-Other
 88-Not enrolled/applicable
 99-Unknown

✪**School District** ___ ___ ___

✪**School Code** ___ ___ ___

✪**School Name** _____

Primary Instructional ___
Strategy
 1-Mainstream program
 2-Independent Study
 3-Temporary Home/Hospital instruction
 4-Self-contained classroom
 5-Correspondence School
 6-Legal Home Schooling
 8-Not enrolled in approved program
 9-Unknown OR Not Listed Above

Is client enrolled in an education ___
program for pregnant or parenting
teens?
 1-Yes
 2-No
 9-Unknown

Educational Goal ___
 1-HS Diploma
 2-GED
 3-CHSPE
 4-Post secondary
 5-None at this time
 9-Unknown

Post-Secondary School ___
 1-Technical/vocational school
 2-Community college
 3-Four-year college/university
 4-Other
 8-N.A. (not currently enrolled)
 9-Unknown

Type Of Housing ___
 1-House/apartment
 2-Public housing
 3-Hotel/motel
 4-Shelter
 5-Homeless
 6-Other
 7-Maternity home
 8-Foster/group home
 9-Unknown

Number Of Times Client Has ___
Moved In The Past 6 Months
 0-None
 1 thru 7 – Use Exact Number
 8-Eight or more
 9-Unknown

Who shares the client's domicile?
Enter the exact number (0-50) of each
of the following individuals living with
the client. Do not include the client or
the client's children in the count. Enter
0 if none, 99 if unknown:

Index Child's Other Parent ___ ___

Client's Partner ___ ___
(if not other parent)

Client's Relatives
- Adults ___ ___

- Minors ___ ___

Partner's Relatives
- Adults ___ ___

- Minors ___ ___

Other Non-Relatives
-Adults ___ ___

- Minors ___ ___

Client ID No. ___ ___ ___ ___ ___ ___ ___ ___ ___

Does client feel safe:
  With Index Child's other parent? ___

With partner (if not other parent)? ___

With family? ___

In the neighborhood? ___

In school? ___

Answer each:
  1-Yes
  2-No
  8-Not applicable
  9-Unknown

Has the client had the following immunizations / boosters / tests?

Hepatitis B Virus Vaccine ___

Tuberculin Test (PPD) ___

Measles/Mumps/Rubella ___
Vaccine (MMR)

Tetanus & Diphtheria ___
Vaccine (Td)

Answer each:
  1-Yes
  2-No
  9-Unknown

Immunizations ___
(Index Child)
  1-Up to date for age
  2-Not up to date/medical circumstances
  3-Not up to date/other reasons
  8-Not applicable (client pregnant)
  9-Unknown

Number Of Children In ___
Client's Custodial Care With
Immunizations Not Up To Date
(Include Index Child. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. Enter 0 if None.)

Medical Condition ___
(Index Child)
  1-Known
  2-Suspected
  3-None
  9-Unknown

Number Of Children In ___
Client's Custodial Care
With A Known Or Suspected
Medical Condition
(Include Index Child. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. Enter 0 if None.)

Developmental Disability ___
(Index Child)
  1-Known
  2-Suspected
  3-None
  9-Unknown

Number Of Children In ___
Client's Custodial Care
With A Known Or Suspected
Developmental Disability
  (Include Index Child. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. Enter 0 if None.)

Child Care Use ___ ___
(Index Child)
  Not Used Because:
    01-Index Child Not Yet Born
    02-Medical Reasons (Child)
    03-Not Safe
    04-Enrollment Barrier
    05-Transportation Barrier
    06-Not Affordable
    07-Not Available
    08-Family/Cultural Barrier
    09-Teen not enrolled in school
    10-Not Needed/ Wanted
    11-Other
  Used:
    12-More Needed
    13-Client Satisfied
    14-Client Not Satisfied
  99-**Unknown**

Child Care Pay Source ___
(Index Child)
  1-School
  2-Cal-Learn
  3-Free
  4-Self-pay
  5-Other
  6-Healthy Families
  8-None - Not used
  9-Unknown

Number Of Children In ___
Client's Custodial Care
Receiving Child Care Services
(Include Index Child. Enter exact number 0 – 7, 8 if 8 or greater, or 9 if unknown. Enter 0 if None.)

Type Of Child Care Used ___ ___
(Index Child)
  01-On-Site School Based Day Care
  02-Large Licensed Family Day Care (>8)
  03-Small Licensed Family Day Care (<9)
  04-Child Care Center
  05-Client's Home - Unlicensed Relative
  06-Client's Home - Unlicensed Non-Relative
  07-Other Home - Unlicensed Relative
  08-Other Home - Unlicensed Non-Relative
  09-Other
  10-None / Not applicable
  99-Unknown

Client ID No. ___ ___ ___ ___ ___ ___ ___ ___ ___

Sexual Activity ___
 1-Active
 2-Not active / No partner
 3-Not active / Has partner but
   abstaining
 9-Unknown

Contraception Use ___
 1-Active - Never uses
 2-Active - Sometimes uses
 3-Active - Always uses
 4-Not sexually active
 8-Client pregnant
 9-Unknown

Contraception Type ___ ___
(enter up to 2)
 01-Cervical cap ___ ___
 02-Condom
 03-Depo-Provera
 04-Diaphragm
 05-Foam
 06-IUD
 07-Norplant
 08-Pill
 09-Rhythm
 10-Sponge
 11-Withdrawal
 12-Other
 88-Not applicable (doesn't use)
 99-Unknown

Smoking ___
 1-Never smoked
 2-Stopped smoking
 3-Smokes less than 1 pack a day
 4-Smokes 1 pack or more a day
 9-Unknown

Does client live ___
with a smoker?
 1-Yes
 2-No
 9-Unknown

Client Risk Factors
Has the <u>client</u> experienced any of the
following risk factors <u>within the last 6
months</u>?

Medical Condition ___

Hospitalization ___

ER Visit ___

Gang Involvement ___

Truancy ___

Arrested ___

Probation ___

Client Alcohol Abuse ___

Other Negative Alcohol Impact ___

Client Substance Abuse ___

Other Negative Substance Impact ___

Restraining Order:

Client Against Other ___

Other Against Client ___

Risk Factors (cont.)

 Abuse:

  Physical:
   Client ___

   Child ___

  Other Negative Impact ___

  Sexual:
   Client ___

   Child ___

  Other Negative Impact ___

  Emotional:
   Client ___

   Child ___

  Other Negative Impact ___

Use the following codes:
 1-Yes
 2-No
 3-Suspected (not forthcoming)
 9-Unknown

*COMPLETE AND ATTACH SERVICE
MATRIX FORM.*

*COMPLETE AND ATTACH FREE
CODES FORM IF USED.*

*COMPLETE AND ATTACH
ADDITIONAL CHILD MATRIX FORM
IF NEEDED.*